

A Preliminary Report
From the Washington State Health Care Authority (HCA) and the
Health Information Infrastructure Advisory Board (HIIAB)

December 1, 2005

Values and Design Principles

A report of preliminary findings is required by December 1, 2005, with the final recommendations submitted by December 1, 2006. This document is the preliminary report as mandated in SSB 5064.

The HIIAB is committed to the values and design principles shown in Tables I, II, and III. These are intended to help bridge any differences and keep the effort focused and on task. They are not all designed to be inclusive, but to serve as core benchmarks to help lead, guide, and direct the work of the HCA and the HIIAB.

I. Objectives for the Washington State Health Information Infrastructure

A. Overall Objective

Ensure the timely availability of relevant health information and decision support whenever and wherever needed to improve the health of our citizens, the quality of health care delivered and the efficiency of the health care system.

B. Required Attributes

The required attributes for the Washington State HII defined by HIIAB fall into five broad categories:

- 1) Policy
- 2) Financing
- 3) Governance
- 4) Strategy
- 5) Architecture

These broad categories, summarized in Table III, are interdependent and, to some extent, may be in conflict. It is recognized that compromises and trade-offs may be necessary. These required guideline attributes will be used by HIIAB to ensure critical issues are addressed.

II. Implementation Obstacles/Issues

There are challenging obstacles to overcome with the successful implementation of sustainable HIIs. Otherwise, the advantages of HII would have already led to

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widespread adoption and deployment of such systems. These challenges fall into five major areas:

- 1) Financial
- 2) Organizational
- 3) Technological
- 4) Privacy
- 5) Implementation Risk

While HII systems have many benefits, establishing and operating them will require substantial funding. Since such systems have not existed previously, either development or operations there is no established funding sources.

Health care stakeholders would prefer that others assume these costs. Misaligned incentives result in requirements for investments by some stakeholders that exceed the potential benefits they could receive, making such investment highly problematic. In addition, the current reimbursement system tends to reward waste and inefficiency, providing strong economic disincentives for improving quality and efficiency. Finally, the “first mover disadvantage” effect common to the development of all shared infrastructure substantially penalizes any initial steps by otherwise motivated stakeholders. These funding issues will need to be defined and addressed by a realistic finance plan and business model that is workable for all health care stakeholders.

The organizational challenges of HII systems are also numerous. Since HII systems do not exist, there is no organization responsibility to create and operate HII systems. It is unclear who can or should undertake this task. As always, there is substantial resistance to changes, and the health care system has developed a tradition of competition that makes the collaboration needed for HII difficult and unnatural.

A consensus regarding specific action needs has not emerged. Consumers and communities are not actively engaged in these issues. There are many competing priorities in both areas of health care and other domains that demands immediate attention. Finally, experience with successful community HII efforts, clearly demonstrates that long-term sustained over many years will be needed.

The HIIAB process itself should help address some of these organizational issues by engaging and educating the stakeholders, highlighting the urgent need for action, and defining the specific steps required for progress. Substantial leadership and commitment beyond the HIIAB will be needed throughout Washington State to successfully develop HII systems.

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Technology is also a potential obstacle. There are a number of system design issues that must be addressed in an HII such as standards, certification, interoperability, user identification, and matching patient records. Furthermore, the EHR marketplace remains quite fragmented, leaving potential purchasers confused about how to make intelligent choices. A standard HII architecture has to emerge, and no community currently has a “completely operational” system that addresses all the requirements. These issues naturally result in concerns about whether the technology is ready to support widespread HII implementation.

Privacy and confidentiality are central concerns with respect to HII systems, as explicitly recognized in SSB 5064. Without clear protections, it will not be possible to earn and maintain public confidence for a successful HII operation. This not only means compliance with the privacy and security provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA), as well as the Washington State statutes and establishes an open and transparent process of ongoing privacy assurance. Therefore, specific approaches to privacy protection and other legal issues must be part of the HII implementation plan.

It must be acknowledged that HII development has significant implementation risk. While there are a few models of partially operational systems in communities, many “lessons learned” remain undiscovered. No clear path to success has yet been defined, so progress requires willingness to explore new ideas and make difficult choices. Nevertheless, the clear and certain negative consequences of failing to utilize health information technology to reduce medical errors, improve the quality of care, and increase health care efficiency, seem to make prudent action an urgent imperative. By working to define a clear path for HII development with specific incremental steps, we hope to provide a realistic and practical road map for HII implementation.

III. Work Plan and Related Activities

The HIIAB will conduct periodic work sessions and additional activities in conjunction with the HCA and the expertise of the project consultant, William Yasnoff, M.D., PhD. The work sessions and activities will strive to provide comprehensive stakeholder involvement and input prior to the final step of developing recommendations.

To inform HIIAB members and provide both background and context for their deliberations, the meetings have and will continue to include presentations related to specific HII efforts in Washington and other states. This will be further supplemented by selected background readings and other staff research, specifically including information about the history and current status of HII-related activities in Washington and elsewhere with emphasis on lessons learned.

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Whenever possible, these background materials are and will continue to be available on HCA web site devoted to HIIAB activities, along with meeting schedules, agendas, and other relevant documents. The HCA web site can be accessed at: <http://www.hca.wa.gov/hit/>.

Additional stakeholder input beyond the HIIAB is being solicited by HCA through several mechanisms. First, a Stakeholder Advisory Committee, with broad representation from all areas of health care, is being formed and will meet periodically to review HIIAB proposals and provide feedback and input to HCA and the HIIAB. Several stakeholder-specific groups will be convened to provide additional input to the HCA and the HIIAB. Finally, town hall meetings are planned to inform, educate, and engage the community at large about the HIIAB and health information technology. The activities will ensure that all stakeholders are both aware of the HIIAB and have the opportunity to review and comment on proposed HIIAB recommendations. By casting a wide net and encouraging the broadest stakeholder participation, the final recommendations should be both realistic and likely to garner widespread support.

Finally, the HIIAB will develop and refine recommendations that are both specific and actionable, encompassing the areas of policy, financing, organization and governance, strategy, and architecture. During this time it is not known whom the recommendations will be directed, but the HIIAB believes that extensive cooperation and collaboration among health care stakeholders, including individuals and families will be needed to ensure a successful HII development and rapid adoption. Therefore, while some recommendations will likely relate to actions needed at the state government level it's anticipated that additional recommendations directed at other stakeholders will be included in the final report.

The HIIAB wishes to emphasize the strong desire that its work produced tangible and immediate results. HCA and the HIIAB members are committed to developing an action plan that is both realistic and achievable, so that the state of Washington to move rapidly and effectively to utilize health information technology for the benefit of all its citizens.

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Design Principles

1. Achievable

- Maximize simplicity
- Promote tangible and functional outcomes
- Leverage opportunities and applies best practices based on prior experience in Washington and elsewhere
- Keep recommendations realistic (e.g. about interoperability)

2. Consumer / User Centered

- Promote ease-of-use and portability
- Promote/ provide access to information to patients/consumers in balanced ways
- Obtain patient permission; administer access responsibly
- Allow patient input and interaction

3. Incremental

- Each step must build on existing systems and be as self-sustaining as possible
- Maximize stakeholder consensus

4. Ensure Security & Privacy

- Use trusted solutions
- Use a trusted third party
- Ensure integrity of data

5. Process is Inclusive & Collaborative

- Promote cooperation over competition
- Ensure proper roles for government and the marketplace

6. Alignment of Incentives

- Pay for performance to achieve better outcomes
- Maximize quality and efficiency
- Promote consumer involvement
- Make participation voluntary

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- Ensure sustainability
- Work locally

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**Required Attributes for Washington State Health
Information Infrastructure**

Category I - Policy

1. Provide access to individual medical/clinical records by patients and other stakeholders
2. Ensure that patient participation is voluntary
3. Clarify liability issues
4. Ensure privacy
5. Improve efficiency

Category II - Financing

1. Determine initial and continuing funding mechanisms
2. Use metrics to demonstrate value to stakeholders
3. Assure affordability of Electronic Health Records (EHRs) for all clinicians, especially small and rural practices
4. Assure affordability of Personal Health Records (PHRs) for patients

Category III - Governance & Organization

1. Determine initial governance and organizational structure
2. Determine how HII administration and operation will be done initially and evolve appropriately over time

Category IV - Strategy

1. Provide tailored approaches for different organizations (large/small, urban/rural, etc.)
2. Identify actions and policies needed by the State (as regulator, purchaser, and payer)
3. Identify necessary & beneficial coordination with other initiatives (e.g. pay for performance, Federal activities)
4. Elucidate a plan for promoting HII adoption by all stakeholders

Category V - Architecture

1. Ensure security that enforces privacy policies
2. Ensure flexibility/reliability/maintainability/scalability
3. Ensure utilization of standards for interoperability
4. Ensure integrity/availability of information (including in disasters)